



Name of Person Filing <b>Charles La FRANCA</b>	File Number <b>U-</b>
--	-----------------------

**B** Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <b>TEAMSTERS LOCAL 445</b></p> <p>P O Box Bldg , Room No , if any <b>P.O. Box 2097</b></p> <p>Street <input type="text"/></p> <p>City <b>NEWBURGH</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>12550</b></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>LOCAL 445 WELFARE FUND</b></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg , Room No , if any <b>P.O. Box 2572</b></p> <p>Street <input type="text"/></p> <p>City <b>NEWBURGH</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>12550</b></p>	<p><b>11 a</b> Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px;"><b>EDUCATION - TRUSTEE INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS</b></div> <p><b>11 b</b> Approximate dollar value of such dealing <input type="text"/></p> <p><b>12 a</b> Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px;"><b>EDUCATION ORLANDO FL.</b> <b>2-21-04 - 2-26-04</b> <div style="text-align: right;"><b>1,450.00</b></div><div style="text-align: right;"><b>REIMBURSE</b> <b>47.02</b></div><div style="text-align: right;"><b>1,497.02</b></div></div> <p><b>12 b</b> Amount <b><del>1,450.00</del></b></p>

<p><b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg , Room No , if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14 a</b> Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment <input type="text"/></p>

Name of Person Filing Charles La FRANCA

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Trade Name, if any TEAMSTERS LOCAL 445P O Box, Bldg, Room No, if any P.O. BOX 2097Street City NEWBURGHState N.Y. ZIP Code + 4 12550

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name LOCAL 445-WELFARE FUNDTrade Name, if any P O Box, Bldg, Room No, if any P.O. BOX 2572Street City NEWBURGHState NEW YORK ZIP Code + 4 12550

## 11 a Nature of such dealing

EDUCATION-TRUSTEE  
LEGAL ADVISORS  
4-24-04 - 4-30-04

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

EDUCATION - PUERTO RICO  
4-24-04 - 4-30-04  
2,100.00

## 12 b Amount

2,100.00

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing **Charles La FRANCA**

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Trade Name, if any **TEAMSTERS LOCAL 445**P O Box Bldg, Room No, if any **P.O. BOX 2097**Street City **NEWBURGH**State **NEW YORK** ZIP Code + 4 **12550**

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name **LOCAL 445 WELFARE FUND**Trade Name, if any P O Box, Bldg, Room No, if any **P.O. BOX 2572**Street City **NEWBURGH**State **NEW YORK** ZIP Code + 4 **12550**

## 11 a Nature of such dealing

**EDUCATION - TRUSTEE  
INTERNATIONAL FOUNDATION OF  
EMPLOYEE BENEFIT PLANS**

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

**EDUCATION - NEW ORLEANS  
11-30-04 - 12-6-04 2100.00  
REIMBURSED 369.40**

## 12 b Amount

**2,469.40**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment